



Marijuana Regulatory Agency  
P.O. Box 30205 Lansing, MI 48909  
Telephone: (517) 284-8599

## **APPLICANT ENTITY PREQUALIFICATION APPLICATION CHECKLIST**

A complete application for a state operating license is comprised of two steps; the prequalification application and the facility license application. These applications may be submitted together or separately. If submitted separately, the prequalification application must be submitted first.

**Please refer to the Application Instruction Booklet for instructions on how to complete all application forms required and the manner in which your forms and documents must be arranged and submitted at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)**

All application forms must be complete and must be answered **truthfully**. Any incomplete or untruthful information may result in the application being delayed or denied. Use **BLUE** or **BLACK** ink only and print clearly. Make a copy of your completed forms before submitting as they cannot be released back to you.

### **Review this checklist for the forms and documents required to complete this application:**

#### **Entity Prequalification Documents**

- ☐ Completed Prequalification Application
- ☐ Application Fee

#### **Attestations**

- ☐ A – Entity: Acknowledgment, Agreement, & Consent
- ☐ B – Entity: Authorization to Release Information
- ☐ C – Entity: Verification & Affidavit of Full Disclosure
- ☐ D – Entity: Person Completing Application Disclosures
- ☐ F – Entity: Acknowledgment of Federal Law & Release of Liability
- ☐ Acknowledgement of Attestations (notarized)

#### **Entity Information**

- ☐ Entity Demographics (Applicant Entity)
- ☐ DISCLOSURE 1 – Entity: Information
  - ☐ Official Registration Document (e.g., Articles of Incorporation, Articles of Organization)
  - ☐ Bylaws, Operating Agreement, or Other Governing Documents
  - ☐ Certificate of Good Standing
  - ☐ Organizational Structure
  - ☐ Certificate of Assumed Name (if applicable)
  - ☐ Approval to Conduct Business Transactions in Michigan (if applicable)
  - ☐ Trademark or Insignia Registered Documents (if applicable)
  - ☐ Authorizing Resolution (if applicable)

#### **Ownership Interest**

- ☐ DISCLOSURE 2A, PART 1 – Entity: Ownership Interests
- ☐ DISCLOSURE 2A, PART 2 – Entity: Additional Ownership Interests
- ☐ DISCLOSURE 2B – Entity: Interests of Public Officials
- ☐ DISCLOSURE 2D – Entity: Marijuana Business Ownership Interests
- ☐ DISCLOSURE 2E – Entity: Other Interests

#### **Financial**

- ☐ DISCLOSURE 3A – Entity: Financial Information
  - ☐ CPA Attested Financial Statement Documenting Capitalization with Supporting Documents
  - ☐ Financial Institution Statements for Past Twelve Months
  - ☐ Statement of Money Lender Form
  - ☐ Promissory Note/Line of Credit Documents
- ☐ DISCLOSURE 3B – Entity: Real Property Ownership
  - ☐ Documents Related to Property Ownership or Use
- ☐ DISCLOSURE 4 – Entity: Debt, Insolvency, or Bankruptcy Actions
  - ☐ Debt, Insolvency, or Bankruptcy Order Documents
  - ☐ Explanation of Debt, Insolvency, or Bankruptcy Order
- ☐ DISCLOSURE 5 – Entity: Tax & Tax Compliance
  - ☐ Tax Returns for Past Three Years
  - ☐ Documents Related to Tax Liens and/or Tax Delinquencies
  - ☐ Explanation of Tax Liens and/or Tax Delinquencies

#### **Regulation**

- ☐ DISCLOSURE 6 – Entity: Government Regulation
  - ☐ Copy of Any Commercial Licenses
  - ☐ Copy of Any Comparable License from Other Jurisdictions

#### **Litigation**

- ☐ DISCLOSURE 8 – Entity: Litigation History
  - ☐ Business Litigation Documents

### **VALIDATION - FOR DEPARTMENT USE ONLY**

| <b>MRA RECEIPT</b> | <b>REVENUE SERVICES VALIDATION</b> |
|--------------------|------------------------------------|
|                    |                                    |



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## **ENTITY DEMOGRAPHICS**

### **Applicant Entity**

(Entity Seeking State Operating License)

- ☐ Initial Prequalification Application  
☐ Refiled Application of Lapsed Prequalification

**LICENSE TYPES:** Indicate the license type(s) and projected number of each license for which the applicant entity will be applying. Please see the Application Instruction Booklet for information on application fees and how they are assessed.

**Note: Application fees are nonrefundable.**

|                          | License Types              | Number of Licenses | Description of License  |
|--------------------------|----------------------------|--------------------|---|
| <input type="checkbox"/> | Grower Class A             |                    | Grower license for 500 marijuana plants   |
| <input type="checkbox"/> | Grower Class B             |                    | Grower license for 1,000 marijuana plants   |
| <input type="checkbox"/> | Grower Class C             |                    | Grower license for 1,500 marijuana plants   |
| <input type="checkbox"/> | Processor                  |                    | License authorizes purchase of marijuana from a grower and sale of infused-products or marijuana to a provisioning center.  |
| <input type="checkbox"/> | Secure Transporter         |                    | License authorizes storage and transportation of marijuana and associated money between facilities.   |
| <input type="checkbox"/> | Provisioning Center        |                    | License authorizes the sale of marijuana to a registered qualifying patient or registered primary caregiver.  |
| <input type="checkbox"/> | Safety Compliance Facility |                    | License authorizes the facility to receive marijuana from, test marijuana for, and return marijuana to only a marijuana facility or registered primary caregiver. |

**OTHER LICENSE APPLICATION AFFILIATIONS:** If the applicant is a supplement applicant of or providing capital to another applicant entity under the Medical Marijuana Facilities Licensing Act, 2016 PA 281(MMFLA), please provide the following information (use related addendum if additional pages are necessary).

|                  |                 |                      |                            |
|------------------|-----------------|----------------------|----------------------------|
| Entity Name/ERGA | License Type(s) | Interest/Involvement | Capital Contribution (Y/N) |
|------------------|-----------------|----------------------|----------------------------|

## **DEMOGRAPHIC INFORMATION**

Please provide the following information regarding the applicant entity.

|  |       |          |  |  |  |
|--|-------|----------|--|--|--|
| Entity Name (as appears on official entity document) |       |          | Assumed Name (as used in conducting the business, if applicable) |  |  |
| Entity Mailing Address                               |       |          | FEIN   |  |  |
| City   | State | Zip Code | Entity Phone   |  |  |
| Entity Physical Address                              |       |          | Entity Email Address   |  |  |
| City   | State | Zip Code | Entity Website (if available)                                    |  |  |

## **PERSON COMPLETING APPLICATION**

Please provide the following information regarding the person completing this application.

|  |       |          |                             |  |  |
|--|-------|----------|-----------------------------|--|--|
| Name (First, Middle, Last)             |       |          | Affiliation with Entity     |  |  |
| Mailing Address                        |       |          | Entity Name (if applicable) |  |  |
| City                                   | State | Zip Code | Phone                       |  |  |
| Regulatory License No. (if applicable) |       |          | Email Address               |  |  |



## **ATTESTATION A - ENTITY**

### **ACKNOWLEDGMENT, AGREEMENT, & CONSENT**

**(To be completed and signed by an individual with authority to bind the entity)**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, (entity) hereby acknowledge that the Marijuana Regulatory Agency (Agency) may require supplemental materials in order to carry out its statutory duties. The entity hereby agrees to submit such supplemental materials as requested by the Agency in a timely manner.

The entity hereby acknowledges that any issuance of a license is a privilege. The entity has the responsibility to prove that it is eligible, suitable, and qualified to be licensed. The entity must accept any risk of adverse public notice, embarrassment, criticism, or other action, or financial loss, which may result from action with respect to an application or the public disclosure of information requested in this application, and expressly waive any claim for damages as a result thereof. Information not called for in this application or in addition to that provided in response to this application, may be requested.

The entity submitting this application hereby certifies that it does not have an interest in any other operating license that is prohibited by the Medical Marijuana Facilities Licensing Act, 2016 PA 281 (MMFLA).

The entity hereby acknowledges that the entity is under a continuing duty to promptly disclose to the Agency any changes in the information provided in the application and requested materials submitted to the Agency. To comply with this requirement, the entity hereby acknowledges that the entity must submit a letter to the Agency stating any changes with reference to the specific information within the application to which the changes pertain.

The entity hereby consents to inspections, searches, and seizures as provided in MMFLA Section 303(1)(c)(i) to (iv) and the MMFLA Administrative Rules and to disclose to the Agency and its agents of otherwise confidential records, including tax records held by any federal, state, or local agency, or credit bureau or financial institution, while applying for or holding a state operating license. This consent is authorization to review and inspect tax records administered under the Michigan Revenue Act, 1941 PA 122.

The entity hereby consents to receive all service of process via electronic service as opposed to certified mail. This consent is valid unless otherwise revoked in writing.

The entity affirms, under the penalties of perjury, that the information set forth in this document is true and complete, to the best of the entity's knowledge.



## **ATTESTATION B - ENTITY**

### **AUTHORIZATION TO RELEASE INFORMATION**

**(To be completed and signed by an individual with authority to bind the entity)**

To all courts, banks, financial, and other such institutions, and all governmental agencies federal, state and local, without exception, both foreign and domestic.

On behalf of \_\_\_\_\_  
Name of Entity Name & Title of Person Authorized to Execute This Release

authorizes the Marijuana Regulatory Agency (Agency) and its agents to conduct a full investigation into the background and activities of the entity for purposes of determining the entity's eligibility for a marijuana facility registration and license.

The entity understands that by the signing of this authorization, a financial record check of the entity will be performed. The entity authorizes any financial institution to surrender to the Agency a complete and accurate record of such entity transactions that may have occurred with that institution, including, but not limited to, information related to account formation and signatories to the account, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to entity financial records in whatever form and wherever located. The entity understands that the financial record check of the entity will include a credit history examination and that the entity's credit report, credit history, and credit capacity information will be obtained.

The entity understands that by the signing of this authorization, a financial record check of the entity's tax filing and tax obligation status will be performed. The entity authorizes the entity's respective state taxing agency to surrender to the Agency a complete and accurate record of any and all tax information or records relating to the entity for the purposes of this application. The entity authorizes the Agency to obtain, receive, review, copy, discuss, and use any such tax information or documents relating to the entity. The entity authorizes the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

Therefore, you are hereby authorized, to release any and all information pertaining to this entity, documentary or otherwise, as requested by any employee or agent of the Agency, provided that he or she certifies to you that said entity has an application pending before the Agency or that said entity is a licensee pursuant to the provisions of the Michigan Medical Marijuana Facilities Licensing Act (MMFLA).

This authorization shall supersede and countermand any prior request or authorization to the contrary and shall be in effect during the pendency of this application. A photocopy of this authorization will be considered as effective and valid as the original.



## **ATTESTATION C - ENTITY**

### **VERIFICATION & AFFIDAVIT OF FULL DISCLOSURE**

**(To be completed and signed by an individual with authority to bind the entity)**

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, (entity) am the individual responsible for submitting this entity application and have full authority to execute this affidavit of full disclosure.

I authorize \_\_\_\_\_ to be the entity's contact person to the Marijuana Regulatory Agency (Agency) for the purposes of this application (please provide information below for contact person).

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Identify all other individuals authorized to assist the named contact person in Addendum – Attestation C.

I swear (or affirm) that the information contained in the entity's prequalification application is true, complete, and accurate to the best of my knowledge and belief.

Except as reported in the entity's prequalification application, the entity has no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.

Except as reported in the entity's prequalification application, the entity has no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

I understand that the entity has an ongoing obligation to notify the Agency should the entity enter into any such agreement contemplated by this Attestation.



## **ATTESTATION D - ENTITY**

### **PERSON COMPLETING APPLICATION DISCLOSURES**

**(To be completed and signed by an individual with authority to bind the entity)**

I, \_\_\_\_\_, being first duly sworn upon oath, affirmation, or depose state:

I am the individual responsible for submitting this application and have full authority to execute this attestation and disclosure.

I have no interest, unless otherwise indicated in the entity's prequalification application.

I swear (or affirm) that the information contained in the entity's prequalification application is true, complete, and accurate to the best of my knowledge and belief.

Except as reported in the entity's prequalification application, I have no agreements or understandings with any person or entity and no present intent to hold as agent, nominee or otherwise any interest in the application.

Except as reported in the entity's prequalification application, I have no agreements or understanding with any person or entity and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder's fee or commission to any person or entity related to the interest in this application.

I understand that I have an ongoing obligation to notify the Marijuana Regulation Agency (Agency) should I enter into any such agreement contemplated by this Attestation.



## **ATTESTATION F - ENTITY**

### **ACKNOWLEDGMENT OF FEDERAL LAW & RELEASE OF LIABILITY**

(To be completed and signed by an individual with authority to bind the entity)

I, \_\_\_\_\_, on behalf of \_\_\_\_\_, (entity)  
being first duly sworn upon oath, affirmation or depose hereby acknowledge:

The Federal Controlled Substances Act, Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 U.S.C. § 801 *et seq.*, regulates marijuana as a Schedule I controlled substance, for which there is “no currently accepted medical use in treatment in the United States.” 21 U.S.C. § 812(b)(1)(B). Although the state of Michigan has recognized and authorized the use of medical marijuana pursuant to the Michigan Medical Marihuana Act, 2008 IL 1, MCL 333.26421 to 333.26430, has authorized the issuance of state operating licenses to medical marijuana facilities pursuant to the Medical Marihuana Facilities Licensing Act, 2016 PA 281, MCL 333.27101 to MCL 333.27801, and has provided for a statewide monitoring system in the Marihuana Tracking Act, 2016 PA 282, MCL 333.27901 to 333.27904, these state authorized activities remain prohibited by federal law.

The entity understands that a Michigan state operating license does not insulate or shield the entity from federal seizure and/or forfeiture as allowed by federal law and does not insulate the entity from federal criminal charges and/or prosecution.

The entity understands that choosing to file an application for a state operating license and, if issued a license, choosing to establish and operate a marijuana facility pursuant to that license, is done so at the entity’s own risk.

By the entity representative’s signature and attestation to this form, the entity hereby completely releases and forever discharges the State of Michigan, the Marijuana Regulatory Agency (Agency), and its respective employees, agents, facilities, insurers, indemnitors, successors, heirs and/or assigns from any and all past, present or future claims, demands, obligations, actions, causes of action, wrongful death claims, rights, damages, costs, losses of services, expenses and compensation of any nature whatsoever, whether based on a tort, contract or other theory of recovery, which the entity may now have, or which may hereafter accrue or otherwise be acquired, on account of, or may in any way arise out of the entity’s application for a state operating license and, if issued a license, the entity’s operation of a marijuana facility.



## **ACKNOWLEDGMENT OF ATTESTATIONS**

(Use BLUE or BLACK ink ONLY)

**(To be completed and signed by an individual with authority to bind the entity)**

Do not sign until notary is present

I hereby swear, acknowledge, and consent to the contents of the following attestations (check all that apply):

- ☐ Attestation A – Entity: Acknowledgment, Agreement, & Consent
- ☐ Attestation B – Entity: Authorization to Release Information
- ☐ Attestation C – Entity: Verification & Affidavit of Full Disclosure
- ☐ Attestation D – Entity: Person Completing Application Disclosures
- ☐ Attestation F – Entity: Acknowledgment of Federal Law & Release of Liability

\_\_\_\_\_  
Signature of Individual with Authority to Bind the Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual with Authority to Bind the Entity – Name and Title

Subscribed and sworn to by \_\_\_\_\_ before me on \_\_\_\_\_.  
(Individual's Name) (Date)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Notary Public Printed Name

State of \_\_\_\_\_, County of \_\_\_\_\_. Acting in the County of, \_\_\_\_\_, \_\_\_\_\_.  
(County) (State)

My commission expires: \_\_\_\_\_.





## **DISCLOSURE 1 – ENTITY: INFORMATION**

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

### **Include the following documents with this disclosure:**

- ☐ Official Business Registration Documents (e.g., Articles of Incorporation, Articles of Organization)
- ☐ Bylaws, Operating Agreement, or Other Governing Documents
- ☐ Certificate of Good Standing
- ☐ Certificate of Assumed Name (if applicable)
- ☐ Organizational Structure
- ☐ Approval to Conduct Business Transactions in Michigan (if applicable)
- ☐ Trademark or Insignia Registered Documents (if applicable)
- ☐ Authorizing Resolution (if applicable)

### **(1) ENTITY STRUCTURE**

- |   |  |
|---|--|
| <input type="checkbox"/> Privately Held Corporation | <input type="checkbox"/> Partnership                           |
| <input type="checkbox"/> Publicly Held Corporation  | <input type="checkbox"/> Limited Liability Partnership         |
| <input type="checkbox"/> Limited Liability Company  | <input type="checkbox"/> Limited Partnership                   |
| <input type="checkbox"/> Joint Venture              | <input type="checkbox"/> Limited Liability Limited Partnership |
| <input type="checkbox"/> Trust                      | <input type="checkbox"/> Other: _____                          |

### **(2) ENTITY ORGANIZATIONAL STRUCTURE**

Please provide a copy of, or explain below, the entity's organizational structure (e.g., entity's chain of command).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **(3) ENTITY PRIOR NAMES**

Provide all prior business names of the entity for the past **three years**. If there are no prior names, write "N/A".

|                     |         |                 |                 |
|---------------------|---------|-----------------|-----------------|
| Prior Business Name | Address | City, State Zip | Date Use Ceased |
| Prior Business Name | Address | City, State Zip | Date Use Ceased |
| Prior Business Name | Address | City, State Zip | Date Use Ceased |

### **(4) ENTITY PRIOR ADDRESSES**

Provide all prior business addresses of the entity for the past **three years**. If there are no prior addresses, write "N/A".

|                        |                 |                 |
|------------------------|-----------------|-----------------|
| Prior Business Address | City, State Zip | Date Use Ceased |
| Prior Business Address | City, State Zip | Date Use Ceased |
| Prior Business Address | City, State Zip | Date Use Ceased |



## DISCLOSURE 2A, PART 1 – ENTITY: OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name

Use related addendum if additional pages are necessary.

**A PREQUALIFICATION APPLICATION must be completed for each ownership interest listed on this disclosure.**

Please disclose entity ownership as follows:

1. For a partnership and limited liability partnership – All partners and their spouses.
2. For a limited partnership and limited liability limited partnership – All general partners and their spouses and limited partners holding a direct or indirect ownership interest more than 10%, and their spouses.
3. For a limited liability company – All members and managers holding a direct or indirect ownership interest more than 10%, and their spouses.
4. For a privately or publicly held corporation – All corporate officers or persons with equivalent titles and their spouses, all directors and their spouses, and all stockholders holding a direct or indirect ownership more than 10%, and their spouses.
5. For a multilevel ownership enterprise – Any entity or person that receives or has the right to receive more than 10% of the gross or net profit from the enterprise during any full or partial calendar or fiscal year.
6. For a nonprofit corporation – All individuals and entities with membership or shareholder rights in accordance with the articles of incorporation or the bylaws and their spouses.

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.



## DISCLOSURE 2A, PART 2 – ENTITY: ADDITIONAL OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name

Use related addendum if additional pages are necessary.

**A PREQUALIFICATION APPLICATION must be completed for each ownership interest, if the person exercises control over or participates in the management of the company.**

Please disclose additional ownership and indicate the person's role in the entity as follows:

1. For a limited partnership and limited liability limited partnership – All limited partners holding a direct or indirect ownership interest of 10% or less and their spouses.
2. For a limited liability company – All members holding a direct or indirect ownership interest of 10% or less and their spouses.

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

Role and/or Responsibility in the Entity

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

Role and/or Responsibility in the Entity

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

Role and/or Responsibility in the Entity

| Individual or Entity Name | Title (if applicable) | Percentage of Interest | SSN/FEIN |
|---------------------------|-----------------------|------------------------|----------|
|---------------------------|-----------------------|------------------------|----------|

|                             |         |  |     |
|-----------------------------|---------|--|-----|
| Spouse Name (if applicable) | Address |  | SSN |
|-----------------------------|---------|--|-----|

Role and/or Responsibility in the Entity

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.



## DISCLOSURE 2B – ENTITY: INTERESTS OF PUBLIC OFFICIALS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Please list the names and titles of all public officials or officers of any unit of government as well as spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in the entity.
2. Have any beneficial interest in the entity.
3. Are the creditors of an entity.
4. Hold any debt instrument issued by an entity.
5. Hold or have any interest in any contractual or service relationship with the entity.

Name of Public Official/Officer of Governmental Unit \_\_\_\_\_

Title \_\_\_\_\_

Is the interest that of the public official or officer of a governmental unit? ☐ Yes ☐ No

If **yes**, state the percentage/capacity of interest \_\_\_\_\_

If **no**, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.



## DISCLOSURE 2D – ENTITY: MARIJUANA BUSINESS OWNERSHIP INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name

Use related addendum if additional pages are necessary.

Please disclose any equity interest that the entity has in any other corporation, partnership or other business entity that is directly or indirectly involved in the ***growing, processing, testing, transporting, or sale of marijuana.***

| Marijuana Business Entity Name | Percentage of Entity Interest | FEIN |
|--------------------------------|-------------------------------|------|
|--------------------------------|-------------------------------|------|

Address

| State of Incorporation or Registration | License or Registration Number |
|--|--------------------------------|
|--|--------------------------------|

| Marijuana Business Entity Name | Percentage of Entity Interest | FEIN |
|--------------------------------|-------------------------------|------|
|--------------------------------|-------------------------------|------|

Address

| State of Incorporation or Registration | License or Registration Number |
|--|--------------------------------|
|--|--------------------------------|

| Marijuana Business Entity Name | Percentage of Entity Interest | FEIN |
|--------------------------------|-------------------------------|------|
|--------------------------------|-------------------------------|------|

Address

| State of Incorporation or Registration | License or Registration Number |
|--|--------------------------------|
|--|--------------------------------|

| Marijuana Business Entity Name | Percentage of Entity Interest | FEIN |
|--------------------------------|-------------------------------|------|
|--------------------------------|-------------------------------|------|

Address

| State of Incorporation or Registration | License or Registration Number |
|--|--------------------------------|
|--|--------------------------------|

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.



## DISCLOSURE 2E – ENTITY: OTHER INTERESTS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

**A PREQUALIFICATION APPLICATION must be submitted for each ownership interest, only if requested by the Agency or indicated below.**

- (1) Please list all persons who are managerial employees of the applicant who have not otherwise been identified in a disclosure document. A prequalification application must be submitted.
- (2) Please list all persons holding an indirect ownership interest of more than 10% in the entity who have not otherwise been identified in a disclosure document. A prequalification application must be submitted.
- (3) Please list those persons who control, directly or indirectly, the applicant, and those persons who are controlled, directly or indirectly by the applicant or by a person who controls, directly or indirectly, the applicant who have not otherwise been identified in a disclosure document.
- (4) Please list those persons who are stockholders or other persons having a 1% or greater beneficial interest in the proposed marijuana facility who have not otherwise been identified in a disclosure document.
- (5) For a privately held corporation, please list all shareholders who have not otherwise been identified in a disclosure document.
- (6) For a publicly held corporation, please list all shareholders holding a direct or indirect interest of greater than 5% who have not otherwise been identified in a disclosure document.

|                    |         |          |          |
|--------------------|---------|----------|----------|
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |
| Person/Entity Name | Address | Capacity | SSN/FEIN |

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.



## DISCLOSURE 3A – ENTITY: FINANCIAL INFORMATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

**Include the following documents with this disclosure:**

- CPA attested financial statement including foreign attested CPA statement or its equivalent, if applicable, documenting the sources and total amount of the entity's capitalization or entity's contribution, if any, to establishing the capitalization to operate and maintain the proposed marijuana facility, including any pecuniary interest, any deposit of value of the applicant, or made directly or indirectly to the applicant, or both. A CPA attested financial statement is not needed for a supplemental applicant entity that is not providing sources of capitalization for the applicant entity. Mortgage statements must be provided if mortgaged property is intended to be used as a source of capitalization for the proposed marijuana facility as well as Broker's Price Opinion (BPO), appraisal or document indicating State Equalized Value (SEV).
- Monthly (checking or regular savings) or quarterly statements (investments) for each listed account for the past **twelve months**. Please submit only one copy of statements for accounts that are jointly held by individuals.

Provide the following information for each bank, credit union, savings and loan association, stock brokerage firm, or other financial institution (foreign or domestic) in which the entity has or has had an account, over the last **twelve-month** period. Provide this information regardless of whether such account was held in the name of the entity, a nominee of the entity or was otherwise under the direct or indirect control of the entity.

|                  |                                   |                        |
|------------------|-----------------------------------|------------------------|
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account                   | Balance                |
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account                   | Balance                |
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account                   | Balance                |
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account                   | Balance                |
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account                   | Balance                |
| Institution Name | Date Account Opened and/or Closed | Name(s) on the Account |
| Account Number   | Type of Account/Loan              | Balance                |



## **DISCLOSURE 3B – ENTITY: REAL PROPERTY INTERESTS**

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

Include the following documents with this disclosure:

- ☐ Deed, Lease Agreement, Rental Agreement, Real Estate Trusts, Purchase Agreements, any Document related to the exchange of anything of value for the use of real property, institutional investors, or any other document related to the property disclosed.

Provide the following information for any real property in which the entity has an ownership interest or in which the entity has an interest related to the use of real property.

|                              |                                   |
|------------------------------|-----------------------------------|
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |
| Property Tax ID#             | Owner(s) of Record                |
| _____                        |                                   |
| Property Full Street Address | Type of Ownership or Use Interest |
| _____                        |                                   |





## DISCLOSURE 4 – ENTITY: DEBT, INSOLVENCY, OR BANKRUPTCY ACTIONS

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

**Include the following documents with this disclosure:**

- Debt, Insolvency, or Bankruptcy Order Documents
- Explanation of Debt, Insolvency, or Bankruptcy Order

(1) Has the entity filed, or had filed against it, a proceeding for bankruptcy or been involved in any formal process to adjust, defer, suspend or otherwise work out payment of a debt in the past **seven years**?

☐ Yes

☐ No

If **yes**, provide information in the following sections.

If **no**, this disclosure form is complete.

(2) Provide the following the following information related to the entity's past or current debt, bankruptcy, or other insolvency proceeding.

|                |                          |          |
|----------------|--------------------------|----------|
| Date of Filing | Name & Location of Court | Case No. |
|----------------|--------------------------|----------|

|                     |                     |        |
|---------------------|---------------------|--------|
| Date of Disposition | Disposition of Case | Amount |
|---------------------|---------------------|--------|

|                |                          |          |
|----------------|--------------------------|----------|
| Date of Filing | Name & Location of Court | Case No. |
|----------------|--------------------------|----------|

|                     |                     |        |
|---------------------|---------------------|--------|
| Date of Disposition | Disposition of Case | Amount |
|---------------------|---------------------|--------|

|                |                          |          |
|----------------|--------------------------|----------|
| Date of Filing | Name & Location of Court | Case No. |
|----------------|--------------------------|----------|

|                     |                     |        |
|---------------------|---------------------|--------|
| Date of Disposition | Disposition of Case | Amount |
|---------------------|---------------------|--------|

|                |                          |          |
|----------------|--------------------------|----------|
| Date of Filing | Name & Location of Court | Case No. |
|----------------|--------------------------|----------|

|                     |                     |        |
|---------------------|---------------------|--------|
| Date of Disposition | Disposition of Case | Amount |
|---------------------|---------------------|--------|

Provide any additional information that will assist in verifying the information above. If there is no further verifying information, write "N/A."

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## **DISCLOSURE 5 – ENTITY: TAX & TAX COMPLIANCE**

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

Include the following documents with this disclosure:

- Tax Returns for the Past Three Years
- Documents Related to Tax Liens and/or Tax Delinquencies
- Explanation of Tax Liens and/or Tax Delinquencies

If the year of application is the first year of the entity's existence, please check here: ☐

- (1) List all state, local, and foreign jurisdictions the entity was subject to taxation for its business practices for the last **three years**.

|                              |             |                       |
|------------------------------|-------------|-----------------------|
| Jurisdiction & Taxing Agency | Type of Tax | Number of Years Filed |
| Jurisdiction & Taxing Agency | Type of Tax | Number of Years Filed |
| Jurisdiction & Taxing Agency | Type of Tax | Number of Years Filed |
| Jurisdiction & Taxing Agency | Type of Tax | Number of Years Filed |

- (2) Has there been filed against the entity, or has the entity been served with, a complaint or other notice, filed with any public body regarding the delinquent payment of any tax required under federal, state or local law?

☐ Yes ☐ No

If **yes**, provide the following information and attach a copy of the notice of outstanding or contested liability.

|                              |               |  |
|------------------------------|---------------|--|
| Jurisdiction & Taxing Agency | Type of Tax   | Tax Period (MM/YY)   |
| Amount                       | Date Assessed | Current Status (e.g. Payment Plan, Released, Paid in Full) |
| Jurisdiction & Taxing Agency | Type of Tax   | Tax Period (MM/YY)   |
| Amount                       | Date Assessed | Current Status (e.g. Payment Plan, Released, Paid in Full) |
| Jurisdiction & Taxing Agency | Type of Tax   | Tax Period (MM/YY)   |
| Amount                       | Date Assessed | Current Status (e.g. Payment Plan, Released, Paid in Full) |

**\*The entity may provide any additional information or explanation regarding the entity's history of tax compliance that will assist in the processing of this application.**



## DISCLOSURE 6 – ENTITY: GOVERNMENT REGULATION

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

Include the following documents with this disclosure:

- ☐ Copy of Any Commercial Licenses
- ☐ Copy of Any Comparable License from Other Jurisdictions

(1) Is the entity subject to regulation by a public agency in any other jurisdiction?

☐ Yes ☐ No

(2) Has the entity ever applied for or has been granted any commercial license or certificate issued by a licensing authority in Michigan, or any other jurisdiction, that has been denied, restricted, suspended, revoked, or not renewed?

☐ Yes ☐ No

**Note:** If the answer was **yes** to any of the above questions, you are required to complete the following information. If the answer was **no**, this disclosure is complete.

(3) Provide the name of all regulating public agencies with which the entity has a licensure.

|                                      |                    |                                      |
|--------------------------------------|--------------------|--------------------------------------|
| Name & Jurisdiction of Public Agency | Type of Regulation | License No. or Other Identifying No. |
| Name & Jurisdiction of Public Agency | Type of Regulation | License No. or Other Identifying No. |
| Name & Jurisdiction of Public Agency | Type of Regulation | License No. or Other Identifying No. |

(4) Provide the name and following information of all regulating public agencies with which the entity has had an application or licensure denied, restricted, suspended, revoked, or not renewed.

|                                      |                       |                                      |
|--------------------------------------|-----------------------|--------------------------------------|
| Name & Jurisdiction of Public Agency | Type of Regulation    | License No. or Other Identifying No. |
| Action Taken                         | Reason for the Action |                                      |
| Name & Jurisdiction of Public Agency | Type of Regulation    | License No. or Other Identifying No. |
| Action Taken                         | Reason for the Action |                                      |
| Name & Jurisdiction of Public Agency | Type of Regulation    | License No. or Other Identifying No. |
| Action Taken                         | Reason for the Action |                                      |

(4a) Provide a summary of the facts and circumstances concerning the denial, restriction, suspension, or nonrenewal.



## **DISCLOSURE 8 – ENTITY: LITIGATION HISTORY**

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Use related addendum if additional pages are necessary.

Include the following documents with this disclosure:

- ☐ Business Litigation Documents

(1) Is the entity currently a party to any civil lawsuits involving its business practice?

- ☐ Yes      ☐ No

(2) Has the entity been a party to any other litigation during the past **seven years**?

- ☐ Yes      ☐ No

(3) In the previous **seven years**, has internal misconduct within the entity been alleged?

- ☐ Yes      ☐ No

(4) In the previous **seven years**, has an ultimate decision been issued adverse to the entity or any of its officers, executives, or managers that would have or could have a current or future effect in the entity?

- ☐ Yes      ☐ No

(5) In the previous **seven years**, has an ultimate decision been issued adverse to the entity or any of its officers, executives, or managers that could reasonably be expected to reflect upon the current or future financial responsibility or ability of the entity or the character, reputation, or integrity of the entity or any of its officers, executives or managers (whichever is applicable)?

- ☐ Yes      ☐ No

(6) Please provide the following for all litigation related to the entity's business practices or allegations of internal misconduct, pending or concluded, for the past **seven years**.

|                 |                |                 |
|-----------------|----------------|-----------------|
| Docket/Case No. | Court Name     | Court Location  |
| Case Caption    | Date of Filing | Cause of Action |
| Docket/Case No. | Court Name     | Court Location  |
| Case Caption    | Date of Filing | Cause of Action |
| Docket/Case No. | Court Name     | Court Location  |
| Case Caption    | Date of Filing | Cause of Action |